Maricopa Integrated Health Systems
Formulary Prior-Auth Criteria

Drug: Humira (adalimumab)

Therapy:
Is indicated for reducing signs and symptoms and inhibiting the progression of structural damage in adult patients with moderately to severely active rheumatoid arthritis that have had an inadequate response to one or more DMARDs. Humira can be use alone or in combination with MTX or other DMARDs.

Inclusions:
- Diagnosis of moderate to sever active rheumatoid arthritis
- Patient ≥ 18 years old
- Trial and failure of one or more disease-modifying antirheumatic drugs (DMARDs): Examples are Imuran (azathioprine), Ridaura (oral gold), Plaquenil (hydroxychloroquine), Cuprimine (D-penicillamine), Azulfidine (sulfasalazine) Arava (leflunomide)
- Has the patient been evaluated for latent tuberculosis infection
- Will other TNF (tumor necrosis factor blocking agent- e.g. Enbrel/Remicade) be discontinued
- Request comes from a Rheum doctor
- Infection free
- Failure of NSAIDs

Black Box warning:

Cases of tuberculosis (frequently disseminated or extrapulmonary at clinical presentation) have been observed in patients receiving Humira. Patient should be evaluated for latent tuberculosis infection with a tuberculin skin test. Treatment of latent tuberculosis infection should be initiated prior to therapy with Humira.

Contraindications/Warnings/Precautions:
- Serious infections and sepsis, including fatalities have been reported with the use of TNF-blocking agents including Humira. Many have occurred on patients with concomitant immunosuppressive therapy that, in addition to their rheumatoid arthritis, could predispose them to infections. Tuberculosis and invasive opportunistic fungal infections have been observed.
- A history of recurrent infection or underlying conditions which may predispose them to infections, or patients who have resided in regions where tuberculosis and histopasmosis are endemic should exercise caution in use
- Caution should be use in patients with preexisting or recent-onset central nervous system demyelinating disorder

Authorization:
Initially three months
Longer authorization of six months with documentated efficacy

Medical Director_____
Date_____